Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7105	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA HEALTH CARE CENTER	444 ONE ELEVEN PLACE COOKEVILLE, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to comply the the Tennesse Department of Health Building Standards. The findings included: During the facility tour on 6/15/10 the following deficencies were noted and verified by the Director of Maintenance. At 8:26 AM, observation of the corridor by room 607 revealed the wall was damaged. Tennesse Department of Health (TDOH). 1200-8-6.08(2)	N 832	1200-8-6-.08(2) Building Standards Requirement: The physical plant will be maintained in such a manner that the safety and well being on the residents are ensured. Corrective Action: 1. The damaged wall in the corridor by room 607 was repaired by the maintenance director on 6/23/10. 2. The facility walls were inspected by the maintenance director on 6/16/10. 3. The maintenance director was inserviced by the Administrator on 6/23/10 regarding facility wall maintenance. 4. The maintenance director will monitor for compliance monthly through facility rounds and observations.	6/23/10

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Regional Administrator — (X6) DATE: 6-30-10

JUL 01 2010